

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

POWERPACPLUS

ADDRESS (number and street) ▼

268 Bush Street Unit4409

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00516500

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

01

01

2015

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Le

Signature of Treasurer

Lisa Le

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

30

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

POWERPACPLUS

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2015</div></div>		<div><div></div><div>26560.24</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>26560.24</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>1486.00</div></div>	<div><div></div><div>1486.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>28046.24</div></div>	<div><div></div><div>28046.24</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>6633.07</div></div>	<div><div></div><div>6633.07</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>21413.17</div></div>	<div><div></div><div>21413.17</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

POWERPACPLUS

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

1336.00

1336.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1336.00

1336.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

1336.00

1336.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

150.00

150.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

1486.00

1486.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

1486.00

1486.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	55.23	55.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55.23	55.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	10.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	10.00	10.00
29. Other Disbursements	5067.84	5067.84
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6633.07	6633.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6633.07	6633.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1336.00	1336.00
34. Total Contribution Refunds (from Line 28(d))	10.00	10.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1326.00	1326.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	55.23	55.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	55.23	55.23

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SA11AI.10633

Amount of Each Receipt this Period

182.49

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2015

Transaction ID : SA11AI.10634

Amount of Each Receipt this Period

159.43

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2015

Transaction ID : SA11AI.10635

Amount of Each Receipt this Period

38.41

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2015

Transaction ID : SA11Al.10636

Amount of Each Receipt this Period

24.01

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2015

Transaction ID : SA11Al.10637

Amount of Each Receipt this Period

106.61

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2015

Transaction ID : SA11Al.10638

Amount of Each Receipt this Period

28.81

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2015

Transaction ID : SA11AI.10639

Amount of Each Receipt this Period

33.62

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.10640

Amount of Each Receipt this Period

106.61

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.10641

Amount of Each Receipt this Period

48.02

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

FOR LINE NUMBER: PAGE 9 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

NAME OF COMMITTEE (In Full)
POWERPACPLUS

[MEMO ITEM]

[MEMO ITEM]

[MEMO ITEM]

[illegible]

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

04 / 30 / 2015

Transaction ID : SA11AI.10646

Amount of Each Receipt this Period

9.60

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.10647

Amount of Each Receipt this Period

81.64

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

05 / 20 / 2015

Transaction ID : SA11AI.10648

Amount of Each Receipt this Period

24.01

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11Al.10649

Amount of Each Receipt this Period

97.00

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : SA11Al.10650

Amount of Each Receipt this Period

38.42

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015

Transaction ID : SA11Al.10651

Amount of Each Receipt this Period

62.43

Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 16
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. ActBlue Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 382110 City State Zip Code Cambridge MA 02238-2110 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 19 / 2015 Transaction ID : SA11Al.10652 Amount of Each Receipt this Period 111.41 Total earmarked through conduit; PAC limit not affected. [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)..... ▶		0.00
TOTAL This Period (last page this line number only)..... ▶		0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Democracy Engine, LLC

Mailing Address 850 Quincy St., NW# 402

City
WashingtonState
DCZip Code
20011FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SA17.10654

Amount of Each Receipt this Period

95.67

Noncontribution. Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Democracy Engine, LLC

Mailing Address 850 Quincy St., NW# 402

City
WashingtonState
DCZip Code
20011FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : SA17.10655

Amount of Each Receipt this Period

23.87

Noncontribution. Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Democracy Engine, LLC

Mailing Address 850 Quincy St., NW# 402

City
WashingtonState
DCZip Code
20011FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2015

Transaction ID : SA17.10656

Amount of Each Receipt this Period

23.87

Noncontribution. Total earmarked through conduit; PAC limit not affected.

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

0.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

POWERPACPLUS



011

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1500.00

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. CT Corporation

Mailing Address P.O. Box 4349

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement
Noncontribution account. Delaware incorp fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SB29.10664

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

B. PVL Accounting Services

Mailing Address 44 Montgomery St Suite 2310

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement
Noncontribution. Accounting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB29.10517

Amount of Each Disbursement this Period

3856.25

Full Name (Last, First, Middle Initial)

C. UPS Store #1595

Mailing Address 268 Bush St.

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement
Noncontribution account. Mailbox rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

Transaction ID : SB29.10663

Amount of Each Disbursement this Period

440.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4661.25

4661.25

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 16

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10
NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PVL Accounting ServicesNature of Debt (Purpose):
Bookkeeping services

Mailing Address 44 Montgomery St Suite 2310

City State Zip Code
San Francisco CA 94107

Outstanding Balance Beginning This Period

3856.25

Transaction ID : SD10.10513

Amount Incurred This Period

0.00

Payment This Period

3856.25

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►